

**WEST VIRGINIA
LIVING WILLS
PACKAGE**

Control Number: WV-P078-PKG



U.S. Legal Forms™ thanks you for your purchase of a Living Wills Package. This package is a useful and necessary tool for making decisions about life support and other medical issues and ensuring that your wishes are implemented. The Living Will package allows you to make the decision of whether life-prolonging medical or surgical procedures are to be continued, withheld, or withdrawn, as well as when artificial feeding and fluids are to be used or withheld. It allows you to express your wishes prior to being incapacitated

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I. FORM LIST

With your Living Will package, you will find the forms that will help you ensure your decisions regarding medical treatment and life support are carried out.

Included in your package are the following forms:

1. Statutory Power of Attorney for Health Care
2. Revocation of Statutory Power of Attorney for Health Care
3. Statutory Living Will
4. Revocation of Statutory Living Will
5. Uniform Anatomical Gift Act Donation
6. Revocation of Anatomical Gift Donation

II. DESCRIPTIONS OF FORMS

Brief descriptions of the forms contained in your U.S. Legal Forms™ Living Will package are found below.

Statutory Power of Attorney for Health Care and Living Will– This Statutory Power of Attorney for Health Care gives the person you designate as your agent/attorney in fact the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this Power of Attorney. This document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive. You have the right to make health care decisions for yourself as long as you can give informed consent. No treatment may be given over your objection and health care necessary to keep you alive may not be stopped or withheld if you object.

Revocation of Statutory Power of Attorney for Health Care and Living Will - This Revocation of Statutory Power of Attorney for Health Care form is a revocation of the authority and power granted in Form WV-P023 that gives the person you designate as your agent/attorney in fact the power to make health care decisions for you. You may revoke a power of attorney for health care at any time by destroying the power of attorney or having someone destroy the power of attorney in your presence and at your direction, by a written revocation of the power of attorney signed and dated by you or by the person acting at your direction, or by a verbal expression of your intent to revoke the power of attorney in the presence of a witness eighteen years of age or older who signs and dates a writing confirming that you made such expression of intent.

This is also a revocation of the wishes and desires expressed in Form WV-P023, which allows you to express your wishes and desires if it is determined that your death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process. This form acts as a revocation of a previously executed living will. This form complies with all applicable state statutory laws.

Anatomical Gift Act Donation - This Anatomical Gift Act Donation form pursuant to state statutes designates the specific body parts and organs an individual wishes to donate at the time of death. This form must be witnessed and the signature notarized. Any person of sound mind and eighteen (18) years of age or more may give all or any part of such individual's body for any purpose. An anatomical gift may be made by will or by a document other than a will.

Revocation of Anatomical Gift Donation – This Revocation of Anatomical Gift Donation form is a revocation of Form WV-P025 that designates the body parts and organs an individual wishes to donate at the time of death. A donor may amend or revoke an anatomical gift or a refusal to make an anatomical gift by signing a statement of amendment or revocation, by signing a new document of gift, by verbally amending or revoking in the presence of 2 individuals, by, during the donor's terminal illness or injury making, any form of communication that is addressed to a physician, by delivering a signed statement of amendment or revocation to a specified donee to whom a document of gift had been delivered, by crossing out or amending the donor authorization or refusal in the space provided on his or her license or identification card or by revoking the provision of a power of attorney for health care instrument that makes an

anatomical gift or revoking that power of attorney for health care instrument. Specific reference is made to the earlier executed Anatomical Gift Donation.

If you need additional information, please visit www.uslegalforms.com and look up forms by subject matter. You may also wish to visit our legal definitions page at <http://definitions.uslegal.com/>

III. TIPS ON COMPLETING THE FORMS

The form(s) in this packet may contain “form fields” created using Microsoft Word or Adobe Acrobat (“.pdf” format). “Form fields” facilitate completion of the forms using your computer. They do not limit your ability to print the form “in blank” and complete with a typewriter or by hand.

It is also helpful to be able to see the location of the form fields. Go to the View menu, click on Toolbars, and then select Forms. This will open the Forms toolbar. Look for the button on the Forms toolbar that resembles a shaded letter “a”. Click this button and the form fields will be visible.

By clicking on the appropriate form field, you will be able to enter the needed information. In some instances, the form field and the line will disappear after information is entered. In other cases, it will not. The form was created to function in this manner.

IV. DISCLAIMER

These materials were developed by U.S. Legal Forms, Inc. based upon statutes and forms for the subject state. All information and Forms are subject to this Disclaimer:

All forms in this package are provided without any warranty, express or implied, as to their legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney in your state. U.S. Legal Forms, Inc. does not provide legal advice. The products offered by U.S. Legal Forms (USLF) are not a substitute for the advice of an attorney.

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